

New Employee Acknowledgment of Policies

South Carolina Department of Public Safety



THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE AGENCY. THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE AGENCY RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS DOCUMENT CREATE ANY CONTRACT OF EMPLOYMENT.

This form is to certify that the Department of Public Safety (DPS) policies listed below have been discussed with me during New Employee Orientation. I recognize that it is my obligation to review and familiarize myself with all the policies, procedures, and operational methods contained in the DPS Policy Manual, which is available on [PowerDMS](#), as well as any Manual of Operations that may be applicable to my DPS division or office. I further acknowledge that I should contact my supervisor to address any questions or concerns I may have regarding any agency policies, procedures, or operations.

- Disciplinary Action Policy (400.08)
- Grievance Procedure Policy (400.10)
- Employee Performance Management System (400.06)
- Affirmative Action Policy (400.12P)
- Equal Employment Policy (400.11)
- Harassment-Free Workplace (400.13)
- Nepotism and Conflicts of Interest (200.05)
- Outside Employment (200.01)
- Media Policy (200.31)
- Drug and Alcohol Deterrence Program (200.04)
- Employee Assistance/Chaplaincy Program (200.23)
- Violence in the Workplace (200.29)
- Domestic Violence (400.30)
- Computer Privacy Policy (500.03)
- Acceptable Use Policy (600.01)
- Leave and Attendance Policy (400.19)
- Dress Code (200.10)
- Code of Conduct (100.12)
- Staff Development and Training (400.21)
- Social Media Policy (200.38)

Date

Employee's Signature

Print Name

Employee's Division or Office